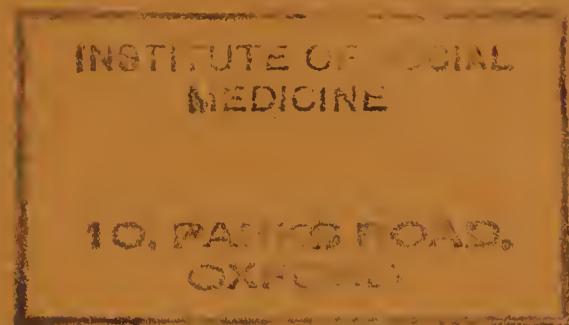
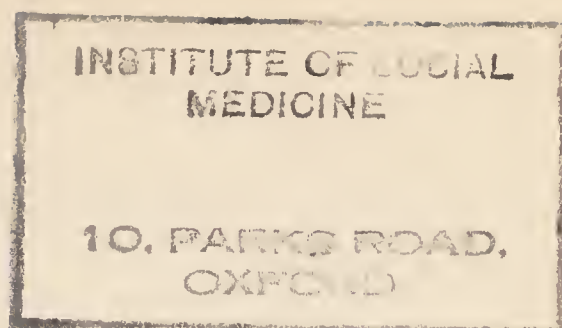
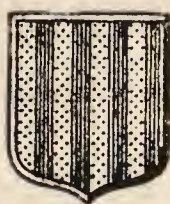


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COUNTY COUNCIL OF NORTHUMBERLAND
EDUCATION COMMITTEE

ANNUAL REPORT
of the
SCHOOL MEDICAL OFFICER
for the
YEAR 1947



COUNTY COUNCIL OF NORTHUMBERLAND
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ANNUAL REPORT
of the
SCHOOL MEDICAL OFFICER
for the
YEAR 1947

R. WARD & SONS LIMITED
High Bridge, Newcastle upon Tyne
D 2821

COUNTY OF NORTHUMBERLAND.

**REPORT OF THE SCHOOL MEDICAL OFFICER
FOR THE YEAR 1947.**

*To the Chairman and Members of the
Northumberland Education Committee.*

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present the report on the work of the School Health Service for the year ended 31st December, 1947. I am greatly indebted to Dr. Pierce who has, as in previous years, been concerned with the preparation of the greater part of the report.

There was a steady expansion of the work of the Service during the year. Nearly a thousand children were examined by the Orthopaedic Surgeon, and the clinic started in Wallsend for this purpose fully warranted its establishment. More children received treatment for eye defects, including squint, than in any previous year; a greater number of children were treated for speech defects than hitherto, and increased use was made of child guidance facilities. There is need for expansion in this latter service, and it is hoped that some extension may be possible in the near future.

The report gives some indication of the hospital treatment for which the Committee accepted financial responsibility. Some 2,000 children were treated in hospital, including those treated for defects of the eyes and throat. While the Committee ceases to bear this responsibility under the National Health Service Act, it is hoped that the information about such treatment may still be made available, as it is of value in maintaining a complete record of the child's health.

The findings during the year indicated that the nutritional state of the children in the County was well maintained. A special investigation shewed that there was no evidence of severe under-nourishment in Blyth school children as had at one time seemed possible.

The Dental Service in the County continued to grow, and two additional dentists joined the staff, while the whole-time services of one dentist were made available in Wallsend. I would draw particular attention to the review of the number of dentally fit children found on inspection during the last twenty years. The figure of 33.8% for 1947 was the highest on record in the County. The volume of work is indicated by the 10,000 fillings of permanent teeth which were carried out. The work of correcting irregularities of the teeth was extended and it is interesting to note that general anaesthetics increased in number from 81 in 1945 to 1,185 in 1947.

The decline in the incidence of scabies in the last five years has been most satisfactory. The number of cases fell from 1,837 in 1942 to 342 in the year under review. Much of this improvement is due to treatment with Benzyl Benzoate, which involves exclusion from school for only a very short time.

The condition of the children's heads was not so satisfactory, and I must again draw attention to the considerable number of children with lice or nits in their hair. Before the war about 5% of the school population was infested, but since 1942 approximately 10% have been found with lice or nits. In 1947 this deplorable state of affairs continued.

In conclusion, I would record my indebtedness to Dr. Pierce, Mr. Robinson and other members of the staff who have worked unremittingly throughout the year. I would also express the thanks of the Department to the Committee and the Director of Education for their support and encouragement.

I am, Mr. Chairman, My Lord, Ladies and Gentlemen,
Your obedient Servant,

JOHN B. TILLEY,

School Medical Officer.

COUNTY HALL,

NEWCASTLE UPON TYNE, 1.

12th October, 1948.

STAFF.

County School Medical Officer ...	...	JOHN B. TILLEY, M.D., B.Hy., D.P.H.
Deputy County School Medical Officer...	...	WILLIAM J. PIERCE, M.B., Ch.B., D.P.H.
Assistant County School Medical Officer...	...	MARY W. DEWELL, M.B., B.S.
Do.	...	ANNA M. REID, M.B., Ch.B., D.P.H.
Do.	...	EDNA T. EVERDELL, M.B., B.S., B.Hy., D.P.H.
Do.	...	ALFRED G. NEWELL, M.D., C.M., L.M., D.P.H.
Do.	...	WILLIAM W. BURNETT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H. (Appointed 1st October, 1947).
Do.	...	ENID L. HUGHES, M.B., B.S., M.Sc., D.C.H. (Appointed 16th June, 1947). (1/5th of time allocated to County.) (4/5ths of time allocated to Wallsend.)
Ophthalmologist ...	...	*ARTHUR T. PATERSON, M.D., F.R.C.S.
Do.	...	*HENRY H. AITCHISON, M.R.C.S.
Do.	...	*JOHN L. WILKIE, M.B., Ch.B., F.R.C.S. (Resigned 11th September, 1947).
Do.	...	*GEORGE I. SCOTT, M.B., Ch.B., F.R.C.S. (Resigned 15th October, 1947).
Do.	...	*JOHN MACASKILL, M.B., Ch.B., F.R.C.S. (Resigned 15th October, 1947).
Do.	...	*JOSEPH D. MILNE, L.R.C.P., L.R.C.S., D.O.M.S. (Appointed 12th September, 1947)
Do.	...	*ROLAND J. S. SMITH, F.R.C.S. (Appointed 6th November, 1947).
Consultant Dermatologist ...	...	*SYDNEY THOMPSON, M.D.
Orthopaedic Surgeon ...	...	*WILLIAM MACKENZIE, M.D., F.R.C.S.
Aural Surgeon ...	...	*JOHN I. MUNRO BLACK, M.D., M.S., F.R.C.S. (Appointed 20th October, 1947).
Speech Therapist ...	...	*MURIEL E. MORLEY, F.C.S.T. (Appointed 19th November, 1947).
County Superintendent Health Visitor ...	...	ANN A. GRAHAM, S.R.N., S.C.M.
Senior County Dental Officer ...	...	ARNOLD E. ROBINSON, L.D.S.
County Dental Officer ...	...	CATHERINE M. ANDERSON, L.D.S.
Do.	...	FREDERICK J. GILBERTSON, L.D.S.
Do.	...	THOMAS A. IRELAND, L.D.S.
Do.	...	WILLIAM J. IRVINE, L.D.S.
Do.	...	WALTER P. NEILSON, L.D.S.
Do.	...	ERNEST M. PICKERING, L.D.S.
Do.	...	JOHN STEWART, L.D.S.
Do.	...	KENNETH WAKE, L.D.S.
Do.	...	JAMES K. CHRISTIE, L.D.S.
Do.	...	JOAN WEYMAN, B.D.S.
Do.	...	MARGARET I. LAMB, L.D.S.
Do.	...	OSWALD S. BENNETT, L.D.S. (Appointed 6th January, 1947).
Do.	...	WILLIAM ROBSON, L.D.S. (Appointed 13th October, 1947).
Do.	...	ROLAND M. SMITHSON, B.D.S. (Whole time allocated to Wallsend from 1st October, 1947).
<i>Wallsend Divisional Executive.</i>		
School Medical Officer ...	...	ROBERT RUTHERFORD, M.C., M.B., B.S., B.Hy., D.P.H. (Retired 15th February, 1947).
Do.	...	OSWALD H. SIUNG, B.Sc., M.B., Ch.B., D.P.H. (Appointed 1st May, 1947).
Assistant School Medical Officer	...	*CHARLES E. STAINTHORPE, M.R.C.S., L.R.C.P. (Resigned 15th February, 1947).
Do.	...	ENID L. HUGHES, M.B., B.S., M.Sc., D.C.H. (4/5ths of time allocated to Wallsend). (1/5th of time allocated to County).
Dental Officer ...	...	*LIONEL G. DEWAR, L.D.S. (Resigned 30th September, 1947).

* Part-time.

SCHOOL MEDICAL INSPECTION.

There was no change in the arrangements for school medical inspection for the year under review, so that the following groups of children were examined at periodic medical inspection :—

- (1) Upon admission to a Primary School—at the age of 5 years.
- (2) In the last year of attendance in the Junior School—at the age of 10 years.
- (3) In the final year at the Modern Secondary School—at the age of 14 years ; and at the Grammar School—at the age of 15 years.

The third group shows that children are examined in their last year at school. Although this occasionally leaves a short time in which to treat any physical defect found, in most cases during 1947 it was possible to remedy defects before the pupil actually left school.

There were very few objections to medical inspection on the part of parents and, when their obligation was explained to them, the refusals were invariably withdrawn. In no case has it been necessary to take legal proceedings against a parent for intentionally withholding his child from medical inspection.

Parents are always notified of the date and time when their children are to be medically inspected and their co-operation encouraged in as much as they are asked to complete a short form giving the child's medical history.

The number of parents who attended medical inspection reached 63.8% during 1947 and, in consideration of the distances many have to travel, particularly in the rural areas, this reflects credit upon the parental interest shown in the welfare of their children.

The number of children who were examined at periodic medical inspection in the specified groups was 13,398, which shows a slight decrease on the number of children examined in 1946. The number of children who were examined as special cases was 20,467, a decrease of 4,000 compared with the previous year. This decrease is a matter of satisfaction when it is explained that it is mainly due to the fewer number of special visits paid to schools on account of infectious diseases. The children who are specially examined are those referred by the School Medical Inspector at a previous

examination for either treatment or observation or those brought forward for particular reasons by the parent, head teacher, health visitor or the attendance officer. Many children are referred for special ascertainment by the Director of Education. The details of both the periodic and special examinations are to be found in Table I at the end of this report.

It is the practice when children are found to have a defect at medical inspection to inform the parents at the time of the examination if they are present, but if they are not in attendance the health visitor visits the home and informs the parents of the doctor's findings when the children require treatment. This normally brings a good understanding between the School Health Service and the parents who, as a rule, appreciate what is being done for their children.

THE FINDINGS OF MEDICAL INSPECTION.

Uncleanliness.

In addition to the medical inspection detailed above, visits are paid to the schools by health visitors for the purpose of examining the children to ascertain the condition of their bodies and scalps. In order that these examinations shall be a true cross-section of the general condition of cleanliness, no previous notice is given of these inspections. During 1947 a total of 119,542 such examinations were carried out and these concerned 47,870 children. Thus it will be observed that many children are seen more than once, but the health visitors know the schools and families where more frequent observation is necessary. The number of individual children who were found to suffer from vermin or nits of scalp was 5,041, which gives a percentage of 10.5, only a slight decrease compared with the year 1946, when the percentage of uncleanliness recorded was 10.9. It is a matter of regret that so high a percentage of uncleanliness is still recorded, but undoubtedly the crowded housing conditions, whilst improving, still leave much to be desired and these conditions are conducive to continuing infestation. The health visitors report that there is always a small hard core of families who never attain a good state of cleanliness and whose principles of hygiene are below standard. The health visitors cleanse the children themselves or instruct the parent how this may be carried out. For this purpose we have a lethane preparation which has been used and the D.D.T. emulsion preparations used last year have been continued with successful results.

Ringworm.

146 children were found to be suffering from ringworm, compared with 258 in 1946.

Scabies.

The number of cases of scabies found amongst school children has also greatly decreased, being 342 compared with 594. Compared with the slight drop in the figures of uncleanness, the decrease in the number of scabies, which is a disease associated as a rule with dirty conditions, is satisfactory. Modern treatment is more efficacious than the earlier method and so absence from school is much shortened.

Impetigo.

The number of children found to be suffering from impetigo was 387, which is more than twice the number found amongst school children in 1946, and has thus, unfortunately, broken the steady decline in the number of cases of this disease since 1942.

Tonsils and Adenoids.

Ninety-two children were found to be suffering from chronic tonsillitis, nine children suffering from adenoids and one hundred and ninety-three from both defects. All these children required treatment. There were a further 498 who suffered from enlarged tonsils, 23 with enlarged adenoids and 278 with both defects who were listed for further observation. This shows a slight decrease in the percentage of children suffering from these conditions, being 9.1 compared with 10.8 in 1946.

Ear Diseases.

Forty-six children found to be suffering from otitis media were referred for treatment, whilst 56 required to be kept under observation. Children found to have defective hearing and referred for treatment numbered 34, whilst 46 required to be kept under observation. The percentage of children found to be suffering from ear disease was almost identical with that in the previous year.

External Eye Diseases.

One hundred and twenty-four children were found to have external eye diseases; of these sixty-five were referred for treatment and fifty-nine for observation, the percentage with these diseases being slightly higher than in 1946.

Vision.

Visual defects were found in 623 children who required treatment, whilst 553 were kept under observation for the same defect ; 111 children were referred for treatment and 207 for observation on account of squint ; the percentage found to have visual defects being 12.5% compared with 11.2% in the previous year.

Tuberculosis.

Children suspected of suffering from tuberculosis were referred to the Senior Tuberculosis Officer. During 1947 eleven children were referred for treatment for pulmonary tuberculosis, while seven children were kept under observation for notifiable pulmonary tuberculosis (being already in attendance at the Tuberculosis Dispensary), and eighteen were kept under observation on account of suspicious signs of the disease. For non-pulmonary tuberculosis (which mainly concerns bones, joints and glands) six children were referred for treatment and twenty-three children for observation. The percentage of cases of definite pulmonary tuberculosis is slightly higher than in 1946, being 0.05% compared with 0.03%. The figures for suspected pulmonary tuberculosis are also higher, being 0.2% compared with 0.1%, but the non-pulmonary tuberculosis figure is slightly lower, being 0.2% compared with 0.3%. As the number of children referred for the different forms of tuberculosis is small, it would be inadvisable to draw conclusions in this respect.

MEDICAL TREATMENT.

On the following pages are detailed some of the aspects of medical treatment of school children carried out by the School Health Service of the County Education Committee. Although the subjects are dealt with in separate sections, it will be realised that they are part of a whole plan, in so far as the Education Act, 1944, empowered the Local Education Authority to make available free comprehensive treatment for all children on the school roll.

SKIN DISEASES.

The Skin Clinic which was opened in 1945 at Gosforth was continued during 1947. Dr. Sydney Thompson, the Consultant Dermatologist of the Newcastle Royal Victoria Infirmary, has remained in charge of the Clinic. School children attend this Clinic from all parts of the County,

fares being paid for children if necessary. The number of attendances at this Clinic was 410, of whom 337 were seen by Dr. Thompson. The following list enumerates the type of skin conditions which were seen at the Clinic :—

Ringworm	...	...	...	...	64
Dermatitis	...	...	...	...	4
Seborrhoea Dermatitis	...	...	...	...	5
Urticaria Papulosa	...	...	...	...	6
Naevus Vascularis	...	...	...	...	3
Alopecia Areata	...	...	...	...	6
Psoriasis	...	...	...	...	2
Scabies	...	...	...	...	2
Xeroderma	...	...	...	...	2
Plantar Warts	...	...	...	...	4
Infantile Eczema	...	...	...	...	3
Seborrhoea Eczema	...	...	...	...	9
Septic Spots	...	...	...	...	1
Acne Vulgaris	...	...	...	...	6
Molluscum	...	...	...	...	1
Tinea Circinata	...	...	...	...	3
Impetigo of Body	...	...	...	...	1
Impetigo of Scalp	...	...	...	...	1
Verruca	...	...	...	...	8
Tuberculide	...	...	...	...	1
Thin Hair	...	...	...	...	1

Ringworm.

The number of cases of ringworm declined, which accounted for the much smaller attendances at the Skin Clinic. During 1947 sixty-four children attended for treatment as compared with 123 in 1946. The use of special therapy for this condition was seriously considered, particularly the treatment of ringworm of the scalp by x-ray therapy; unfortunately, there is no x-ray apparatus for this purpose at the Royal Victoria Infirmary and the only apparatus available was at Newcastle General Hospital. The use of this was maintained primarily for children in the City of Newcastle, but by the good offices of the Medical Superintendent it was possible to arrange for x-ray treatment of six County children. Unfortunately very few children were able to be treated by this method, but it is hoped that more facilities will be available in 1948. It is satisfactory to be able to report a reduction in the number of children suffering from ringworm of the scalp, as there were only seven cases at the end of the year as compared with 40 at the end of 1946.

The treatment of Scabies and Impetigo has been reported earlier.

OPHTHALMIC TREATMENT.

Children found to have defects of vision, either at School Medical Inspection or brought to the notice of the doctor by parents or school teachers, were referred to the Ophthalmic Clinics, and examined by Consultant Ophthalmic Surgeons who are honorary members of hospital staffs. These Ophthalmic Clinics are normally held at School Clinic premises, but in some of the rural areas a room in the school is used.

Mr. John L. Wilkie, who had been in the service of the County for many years, found that he could not undertake any more Eye Clinics on behalf of the Education Committee owing to his increasing professional work in Darlington. Mr. Wilkie has done much valuable service for the Ophthalmic Department of the School Health Service and it is with regret that his resignation is reported.

The number of children examined was 2,216, and of this number 2,191 were found to have defects of vision for which spectacles were prescribed. Before the end of the year 96% of these children obtained spectacles, which, in view of the difficulty in procuring materials, is very satisfactory. The number of children examined was considerable less than in the previous year. The waiting list of children to be refracted has, therefore, increased.

Orthoptic Treatment.

The arrangement with the Newcastle Eye Hospital, whereby children suffering from squint or other eye defects receive treatment, was continued during the year. Most of the children suffering from squint have received orthoptic treatment, attending the hospital as out-patients. Two hundred and thirty-five children made 1,166 attendances at hospital for this form of treatment. Arrangements were continued for children who did not receive adequate correction through out-patient treatment to be admitted as in-patients for operative treatment; forty-one children had operations for squint during 1947.

DISEASES OF THE EAR, NOSE AND THROAT.

Children discovered to have defects of the throat, nose or ear at Medical Inspection or brought to the notice of the School Health Service by private practitioners, were referred for a consultant's opinion before treatment was undertaken. If an operation was recommended; children were eventually

admitted to hospital under the scheme of the County School Health Service. These operations have been carried out at the hospitals mentioned in the following table :—

Hospital.	Number of Operations.
Hospital for Sick Children (Fleming Memorial)	147
Thomas Knight Memorial Hospital, Blyth ...	39
Throat, Nose and Ear Hospital, Rye Hill, New- castle	434
War Memorial Hospital, Haltwhistle	4
War Memorial Hospital, Hexham	28
Sir G. B. Hunter Memorial Hospital, Wallsend ...	163
Tynemouth Victoria Jubilee Infirmary	23
Newcastle Royal Victoria Infirmary	3
Newcastle General Hospital	1
Hexham General Hospital	1
Nottinghamshire Hospital	1
Cumberland Infirmary	1
Total	<u>845</u>

In all cases the children have been admitted to hospital one day before operation and retained for at least two nights subsequent to the operation, or until the Surgeon considered that they were fit to travel to their homes. The number of children who received operative treatment for ear, nose and throat conditions was less than in the previous year, as the admissions were curtailed through the prevalence of acute poliomyelitis in some of the areas. The reduction of the number of operations is not an adverse reflection upon the Health Service, as the consensus of opinion of Surgeons is not favourable to the enucleation of tonsils or adenoids unless they are definitely septic and causing untoward symptoms in the child's general condition.

Twenty-eight children received operative treatment for mastoid disease, thirty-eight for otitis media and forty-nine for other pathological conditions of the ear, nose or throat.

ORTHOPÆDICS.

Orthopaedic Clinics were held as in 1946 at Alnwick, Ashington, Gosforth, Hexham, Morpeth and Rothbury. During the year Clinics were also opened at Blyth, Cramlington, Newburn, Prudhoe, Tweedmouth and Wallsend, and a considerable number of children have attended these Clinics. Some of these Clinics had been held before the war, but were closed owing to shortage of staff. Their re-opening has been welcomed by the parents of school children in the districts. Particular attention is drawn to the success of the Orthopaedic Clinic at Wallsend. Previous to the medical services becoming the responsibility of the

County Education Committee there was no Orthopaedic Clinic held at Wallsend, but with the active support of the Medical Officer of Health a Clinic was opened on 30th July, 1947, and the number of children attending has well justified its establishment.

The total number of attendances at the Orthopaedic Clinics was 2,588. 936 children were examined by the Orthopaedic Surgeon, 272 being new cases. All these figures show a considerable increase upon the numbers recorded for the previous year. Before children are referred to the Orthopaedic Clinic, the co-operation of their own doctor is invited and in most cases this is readily obtained.

The arrangement with the W. J. Sanderson Orthopaedic Hospital School for Children at Gosforth for the admission of school children needing hospital treatment was continued. This Hospital is recognised by the Minister of Education as a Special School, so that children admitted continue their education whilst receiving the necessary orthopaedic treatment. During the year 45 children were admitted and 40 were discharged after treatment; 22 remained in Hospital at the end of the year.

One boy from the north of the County was admitted to the Princess Margaret Rose Hospital for Crippled Children, Edinburgh.

The following is a table of the Orthopaedic Clinics held during the year, showing details of attendances by school children requiring treatment :—

Clinic.	Number of Sessions :		Number of new cases examined by Orthopaedic Surgeon.	Total number of attendances by patients.
	Orthopaedic Surgeon.	Orthopaedic Sister.		
Alnwick ...	10	41	28	346
Ashington ...	10	44	29	593
Blyth ...	9	33	37	332
Cramlington ...	5	10	3	38
Gosforth ...	11	34	39	353
Hexham ...	9	26	24	213
Morpeth ...	6	19	9	113
Newburn ...	2	13	—	61
Prudhoe ...	2	10	4	58
Rothbury ...	4	12	7	63
Shiremoor ...	3	11	17	88
Tweedmouth ...	4	14	26	144
Wallsend ...	4	12	49	186
	<u>79</u>	<u>279</u>	<u>272</u>	<u>2,588</u>

ULTRA VIOLET LIGHT THERAPY.

Ultra violet light treatment was available at Clinics in certain districts of the County and over 3,000 children made attendances for this form of treatment during the year :—

Clinics.					Attendances.
Ashington	...	...	...	...	810
Bedlington	...	...	...	...	221
Blyth	...	...	...	...	436
Dudley	...	...	...	...	809
Forest Hall	...	...	...	...	1,431
					<hr/> 3,707 <hr/>

SPEECH THERAPY.

Treatment for children suffering from defects of speech was continued at the Royal Victoria Infirmary and the Hospital for Sick Children (Fleming Memorial), Newcastle upon Tyne.

Altogether 63 children were receiving treatment during the year and these children made 554 attendances at the respective Hospitals.

It is realised that the facilities for speech therapy are inadequate, but the number of speech therapists available in the country is very small.

The Speech Therapist who treats the County school children at the Hospitals was able to devote two sessions per week in other parts of the County namely Alnwick and Hexham where Clinics were established in November.

The treatment is carried out by Miss M. E. Morley, F.C.S.T., and the results are most gratifying. As the children's speech improves spontaneous thanks are received from the parents and school teachers.

HOSPITAL TREATMENT.

The arrangements which were made for children to receive treatment at Hospitals under Section 48 (3) of the Education Act, 1944, were continued in 1947. The Hospitals co-operating in the scheme were :—

Alnwick Infirmary.
 Ashington Hospital.
 Berwick Infirmary and Dispensary.
 Blyth, Thomas Knight Memorial Hospital.
 Haltwhistle and District War Memorial Hospital.
 Hexham War Memorial Hospital.
 Morpeth Cottage Hospital.
 Newcastle Eye Hospital.
 Newcastle Royal Victoria Infirmary.
 Newcastle Throat, Nose and Ear Hospital.
 Hospital for Sick Children (Fleming Memorial), Newcastle.
 Tynemouth Victoria Jubilee Infirmary.
 Wallsend, Sir G. B. Hunter Memorial Hospital.

The Education Committee also accepted responsibility for the maintenance fee in respect of school children undergoing treatment in Local Authorities Hospitals, viz. : Newcastle General Hospital, Hexham General Hospital and Shotley Bridge Emergency Hospital.

Children admitted to Hospital from whatever source and for whatever reason became the financial responsibility of the Education Committee.

Details of the defects treated are shown in the following table :—

MEDICAL TREATMENT OF SCHOOL CHILDREN UNDER SECTION 48 (3), EDUCATION ACT, 1944.

HOSPITAL.	Skin.	Eyes (Squint, etc.)	Ear (Mastoid, Otitis, etc.)	Nose & Throat (Tonsils, etc.)	Lungs (Bronchitis, Asthma, etc.)	Tuberculosis.		Heart, Rheumatism, etc.	Cervical Adenitis.	Orthopaedic.	Emuresis, Chorea, etc.	Other condi- tions (Appendi- ectomy, Hernia, etc.)	Out-patient— Dressings, etc.
						Pulm.	Non- Pulm.						
A.—At Hospitals within the County Scheme :—													
Ashington	—	—	—	—	—	—	—	—	—	4	—	20	78
Blyth, Thomas Knight Memorial	11	—	9	44	4	—	—	—	1	6	3	41	172
Hospital for Sick Children (Fleming Memorial) ...	1	—	27	149	8	—	—	4	10	12	5	83	554
Royal Victoria Infirmary, Newcastle	8	18	24	6	20	3	11	6	3	65	4	175	1,500
Throat, Nose and Ear, Newcastle	—	—	1	435	—	—	—	—	—	—	—	—	—
Hexham War Memorial ...	—	—	—	28	1	—	—	—	—	1	—	25	—
Haltwhistle War Memorial...	—	—	—	4	—	—	—	—	—	—	—	—	—
Tynemouth Victoria Jubilee Wallsend, Sir G. B. Hunter Memorial	—	—	6	49	1	—	—	—	1	7	—	48	123
Cumberland Infirmary ...	—	—	—	169	2	—	—	—	4	—	—	25	122
Newcastle Eye Hospital ...	—	1	1	1	—	—	—	—	1	—	—	1	23
W. J. Sanderson Orthopaedic	—	235	—	—	—	—	—	—	—	—	—	—	1,166
Newcastle General	4	—	—	—	—	—	—	—	—	62	—	—	—
Hexham General	1	—	6	1	—	—	—	—	—	1	1	30	—
Shotley Bridge	—	—	—	—	4	—	—	—	3	20	—	15	31
				10	10	—	—	—	—	—	—	8	—
TOTALS	25	254	74	887	50	3	11	10	23	178	13	471	3,769
B.—At Hospitals outside the County Scheme	—	—	—	1	—	—	—	—	—	2	—	—	—

HANDICAPPED PUPILS.

Under the Education Act, 1944, the Local Education Authority is responsible for ascertaining handicapped children from the age of two years. Handicapped children are those suffering from disability of mind or body to such an extent that they require education by special methods. The categories of handicapped children determined by the Minister of Education under Regulations in 1945 were detailed in the Annual Report for last year. The outlook regarding disability under the 1944 Act is quite different from that under the Education Act of 1921, and, although a child may be a cripple, it does not follow that he is a "handicapped" child. For example, the loss of a limb, although a severe disability, may not necessitate special educational treatment and, therefore, would not necessarily bring the child under the definition of "physically handicapped," but a child whose hearing was so defective that he could not benefit by education in an ordinary school would be classified as a "handicapped" child, although his disability would be less obvious than in the former case.

A handicapped child may be admitted to a Residential or Day Special School or be taught in a special class in an ordinary school. As was reported last year, there is still considerable difficulty in placing these children in the proper schools, and the Director of Education has brought this serious problem to the notice of the Committee. There are no Residential Special Schools in the County and, although premises have been inspected, none have been found suitable for adaptation.

Below is a table showing the number of handicapped pupils maintained in Special Schools some time during the year 1947 :—

Special School.	Boys.	Girls.
W. J. Sanderson Orthopaedic Hospital School, Newcastle	28	33
Northern Counties Institution for the Deaf and Dumb, Newcastle	13	12
Royal Victoria School for the Blind, Newcastle (The two boys were later transferred to the Preston School for the Partially Sighted.)	2	3
St. John's Institution for the Deaf and Dumb, Boston Spa	1	2
Yorkshire School for the Blind, York ...	3	—
Preston School for the Partially Sighted, Preston	2	—

Special School.	Boys.	Girls.
Catholic School for the Blind, Liverpool	2	—
Sunshine Homes, Haydon Bridge	1	—
Royal Eastern Counties Institution for the Mentally Defective	2	—
Besford Court Mental Welfare Hospital, Besford, Worcs.	4	—
Beacon Residential School, Lichfield ...	1	—
Convalescent Home, West Kirby	—	1
Dovecot Horticultural School for Feeble- minded Girls	—	1
Epileptic Colony, Lingfield	1	1
Dr. Fitch's School, Dunmow Hall, Clitheroe...	1	—
Children's Home, Chipping Norton	1	—
Princess Margaret Rose Hospital for Crippled Children, Edinburgh	1	—
Wolsingham Hostel for Maladjusted Children, Durham	1	—

The above table reveals the inadequacy of the special places available for handicapped school children in the County.

In addition to the ascertainments found at school medical inspections, many special examinations were carried out by the Assistant School Medical Officers for the purpose of "ascertaining" children under the appropriate categories. The numbers were as follows :—

	Category.	Number of Children.
(a)	Blind	1
(b)	Partially Sighted	2
(c)	Deaf	3
(d)	Partially Deaf	3
(e)	Delicate	2
(g)	Educationally Sub-normal	85
(h)	Epileptic	3
(i)	Maladjusted	12
(j)	Physically Handicapped	12
(k)	Defective Speech	56

There were also six children found to have dual handicaps.

When these figures are added to the "findings" of previous years it brings the total number of handicapped pupils to 539.

CHILD GUIDANCE.

Children with difficult behaviour or who are maladjusted are referred for child guidance. These children are brought to the notice of the School Medical Officer by school teachers, parents, health visitors and attendance officers, and are sometimes referred from Juvenile Courts.

There is no Child Guidance Clinic in the County, but arrangements have been made for the children to be seen at the Sunderland Child Guidance Clinic. Nineteen children were referred for treatment and the results with most of the children are gratifying.

The importance of the child being escorted to the clinic by the parent is emphasized as often the parent needs guidance as well as the child.

MINOR AILMENTS.

Minor Ailment Clinics were held as in previous years at Alnwick, Berwick, Blyth, Cramlington, Dudley, Gosforth, Haltwhistle and Hexham, and Clinics were established during the year at Ashington, Forest Hall, Guide Post, Morpeth and Whitley Bay. The Assistant School Medical Officers continued to visit these Clinics for consultations, but the main treatment is carried out by the Health Visitors who attend the Clinics much more frequently. The defects which are treated at the Minor Ailment Clinics are cuts, bruises, skin conditions and minor conditions of the eye and ear. The details of attendance at these Clinics were as follows :—

				Consultations by Assistant School Medical Officers.
Attendances.				
Alnwick ...	...	...	70	—
Ashington ...	...	...	240	27
Berwick ...	...	...	44	—
Blyth ...	...	...	5,874	791
Cramlington ...	...	...	815	86
Dudley ...	...	...	618	56
Forest Hall ...	...	...	59	1
Gosforth ...	...	...	1,297	284
Guide Post ...	...	...	14	3
Haltwhistle ...	...	...	43	—
Hexham ...	...	...	236	—
Morpeth ...	...	...	26	—
Whitley Bay ...	...	...	51	29
<hr/>				<hr/>
9,387				1,277
<hr/>				<hr/>

INFECTIOUS DISEASES.

In the year under review the number of visits to schools necessitated by the prevalence of infectious diseases was lower than in the previous year.

The epidemic of acute poliomyelitis which began in 1946 continued into the early part of 1947 and 99 cases were

reported in Northumberland, of whom 32 were school children. These came from the districts of Hexham, Whitley Bay, Belford and Glendale.

Investigations were also carried out on account of a number of cases of diphtheria in the Newburn area, 48 cases being reported in all. The immunisation against diphtheria has been continued and the Assistant School Medical Officers gave help to the District Medical Officers in carrying out this prophylactic measure. Of the 11,910 children seen at routine medical inspection, 10,697 were found to be already immunised. This gives a percentage of 89.8, which is an increase of 11.5 on the previous year. The Medical Officer of Health for Wallsend (who is also the District School Medical Officer) reports that he carried out diphtheria immunisation for 1,065 children. Whilst 89 per cent. of the children are protected against diphtheria, only 34.8 per cent. were found to be vaccinated against smallpox.

DENTAL INSPECTION AND TREATMENT.

(Report by Mr. A. E. ROBINSON, L.D.S.,
Senior Dental Officer.)

Staff.

The only staff change during the past year has been the transfer of Mr. R. M. Smithson from Ashington to Wallsend, as the result of the Ministry of Education recommendation that the dental treatment in Wallsend area should be undertaken by the County Dental Service. Mr. W. Robson was appointed towards the end of the year to fill the vacancy brought about by this transfer.

There was unfortunately a lot of sickness amongst members of the dental staff during the year, resulting in a considerable loss of time.

General Observations.

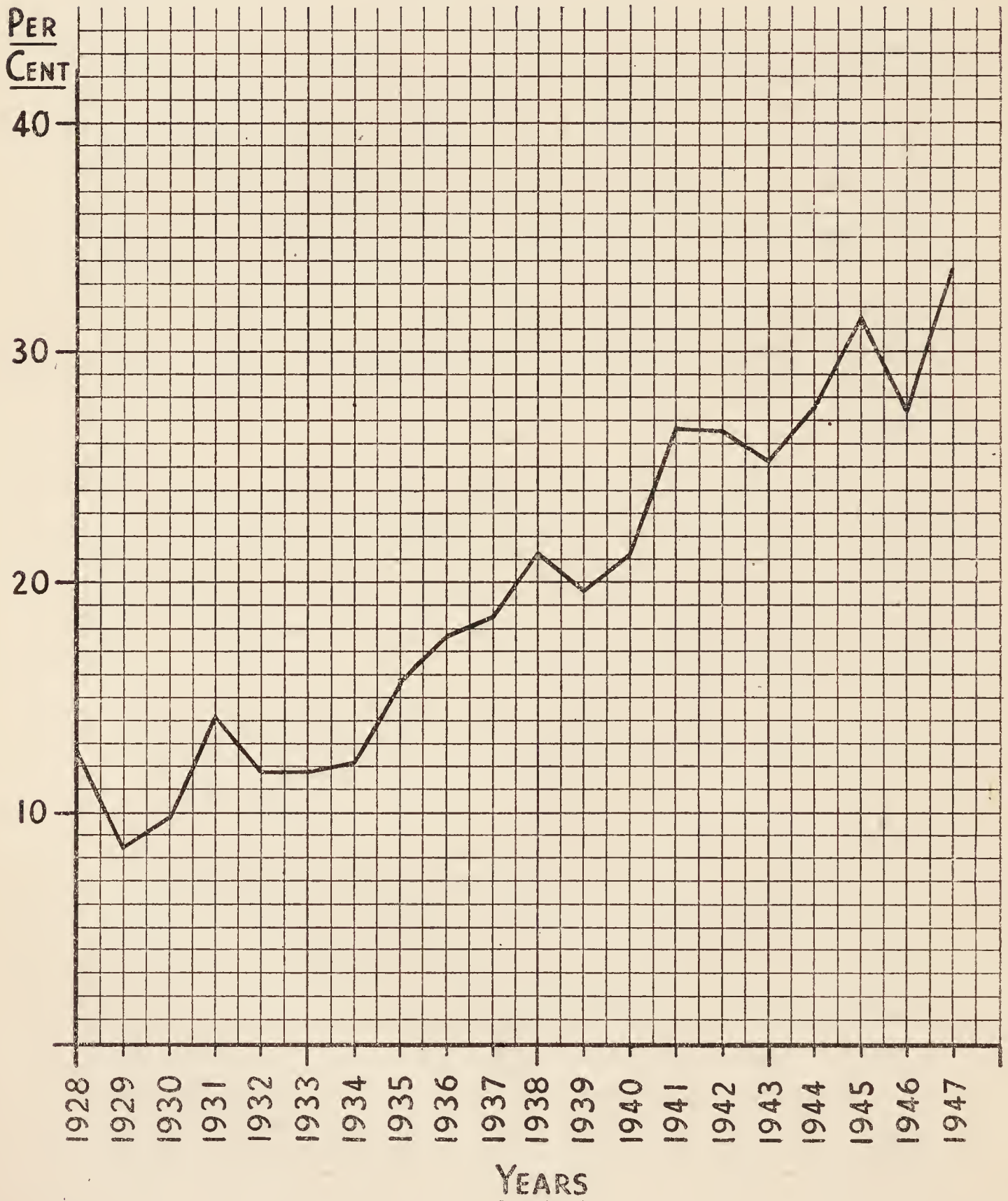
The general condition of the teeth and oral tissues of the County children shows an improvement on that of the previous year. The number of children proving to be dentally fit upon examination increased from 27.7% to 33.8%, the highest on record in the County.

This figure of dentally fit children is made up of children who are naturally fit and those who have been made artificially fit by dental treatment. An examination of this figure over the last twenty years is of interest. (See graph.)

SCHOOL HEALTH SERVICE

DENTAL TREATMENT

Graph showing percentage of children found to be **Dentally Fit** at routine dental inspections for the twenty years 1928 to 1947 inclusive.



It will be seen that in 1928, 12.5% of the County children were dentally fit; this figure dropped to 8.5% in 1929. After this date there was a gradual rise shown until 1940, when there was a marked improvement. This fell away a little until 1943; after which there was a gradual rise until 1945 when there was a marked drop—most probably accounted for by the fact that during that period a large number of grammar school children were treated for the first time by the dental service. Many of these pupils had no dental treatment for a number of years. Finally, there was a marked improvement during 1946.

Prior to 1931 only one full-time Dental Officer was employed. In April of that year a second full-time officer commenced duty and in 1933 three full-time officers were employed. After 1934 there was a gradual increase in the staff and the effect of this seems to be well borne out on the graph.

It has been observed clinically by the dental officers in recent years that the general condition of the teeth of the County children has improved and that the cases of gross caries which were observed in earlier years are now practically non-existent. It is very gratifying to be able to confirm these opinions by statistical data and to demonstrate that during the last twenty years there has been a gradual but very definite improvement in oral health. In effect, to-day, 66.2% of the school population of the County suffer from dental caries, whereas twenty years ago 88% were similarly affected.

This figure of dentally fit children also shows other interesting features. Each area in the County has been investigated and shows the following conditions:—

Area.						Percentage fit.
Ashington	...	...	...	...	...	46
Hexham	...	...	...	...	...	44
Morpeth	...	...	...	...	...	42
Newburn	...	...	...	...	...	42
Hexham Rural	...	...	...	...	...	39
Alnwick	...	...	...	...	...	34
Newbiggin, Lynemouth	...	...	...	...	...	31
Bedlington	...	...	...	...	...	31
Gosforth	...	...	...	...	...	30
Blyth	...	...	...	...	...	28
Whitley Bay	...	...	...	...	...	28
Wallsend	...	...	...	...	...	27
Berwick	...	...	...	...	...	22
Rothbury Rural	...	...	...	...	...	22
Seaton Valley	...	...	...	...	...	20

In the Ashington schools the children's teeth are good and comparable averages of fitness are shown throughout ; the two best schools being the Hirst East Senior Boys and the North Infants, both having a percentage of 50 dentally fit.

In the case of the Hexham area there is not the same solidarity shown as in the Ashington area. Whilst the infant and junior schools are high, the grammar schools are considerably lower.

Water supplies and other factors are being considered in an investigation into this great difference in the areas.

The ratio of fillings to extractions for the years 1937, 1946 and 1947 was as follows :—

	1937.	1946.	1947.
Fillings (permanent teeth) .	5,208	8,459	10,760
Extractions (do.) ...	5,704	2,826	2,807
Ratio	0.9	2.9	3.8

This improvement from 0.9 to 3.8 is very gratifying. The most recent comparable figure for the whole country is 3.1.

General Anaesthesia.

The use of general anaesthesia for the carrying out of difficult dental operations has been considerably increased during the year ; several gas and oxygen anaesthetic units have been provided for the busier urban clinics and a portable unit has also been provided for use in rural areas.

The procedure adopted has been for two dental officers and their dental attendants to work together as a team ; one officer administering the anaesthetic and the other doing the operations. By this method, large numbers of cases have been treated per session, 1,185 cases being done under general anaesthesia as compared with 362 in the previous year.

It is probable that in the near future this method will be discontinued and the services of the school medical officers utilised for the administration of anaesthetics, thus obviating the need for taking a dental officer from his district to act as an anaesthetist for a colleague.

Orthodontics.

During the year 421 children have been treated for irregularities of the teeth ; of these children, 203 were treated

by removable appliances and the remainder by extraction. In addition to these cases a number of children showing gross irregularities have been referred to the Newcastle Dental Hospital in accordance with our arrangements with that body.

Equipment.

Fluorescent lighting and electric dental engines have recently been fitted in all of the urban clinics, and an electric dental engine has also been fitted in one of the dental trailers. The installation of this new equipment has done much to enhance the value of the service in the eyes of the general public as well as making working conditions very much more satisfactory for the dental officers concerned.

The portable X-ray unit again proved to be of great value to the service, 140 children attending for radiographs.

Weather conditions during the early part of the year proved to be the worst on record since dental trailers were introduced into the County in 1930 and the officers operating these units had some very trying experiences.

It was still not possible to examine all of the children in the County and to provide the necessary treatment during the year, but the Education Committee recently decided to increase the establishment by the appointment of an additional seven dental officers; this increase to take effect over the next two years. The dental staff will then be able to provide treatment once a year at least for all children requiring it.

In addition to the treatment given to school children the following treatment was provided for ancillary services :—

	M. & C.W. Patients.			T.B. Patients.	P.A. Patients.	M.D. Patients.	Blind Patients.	TOTALS.
	Moth- ers.	Child- ren.	Total.					
Number of Attendances ...	4,269	606	4,875	597	553	295	111	6,431
Number of Extractions ..	5,069	892	5,961	337	491	325	45	7,159
Number of General Anaes- thetics	175	183	358	17	11	26	1	413
Number of Fillings	679	43	722	212	—	11	1	946
Number of other Operations..	3,289	356	3,645	270	480	185	96	4,676
Number of Dentures fitted ..	606	—	606	62	160	22	28	878
Number of Dentures repaired	73	—	73	5	10	25	1	114

NUTRITION.

All children examined at periodic medical inspection were assessed according to the standard of their general condition. In previous years assessment had been on a basis of nutrition and the children had been classified under four headings :— A—Excellent, B—Normal, C—Slightly sub-normal, and D—bad, but the Minister of Education altered these classifications so that they would be considered under the more comprehensive heading of “general condition.” This is a better method of classifying the children, as it does not prejudice the small but fit child in comparison with the bigger child who may not be in such good general condition. It does, however, make comparisons with previous years not quite so easy. In 1947 the results showed that of the children examined 52.6% were in A category (good), 44.6% in B category (fair) and 2.8% in C category (poor).

In the winter of 1946/47 a survey was carried out by Medical Officers of the Ministry of Health into the general state of health in Newcastle, Gateshead, Durham County and Northumberland, and amongst the cross-section of the population examined were some children from the County Schools at Blyth, Felton, Glanton, Horsley, Humshaugh, Stamfordham, Wall and Whittingham. A very full report was finally submitted about these examinations, but it is impracticable to include all the details in this report. The Medical Officers record that 1,252 boys and 1,305 girls were examined and that the nutritional status as a group was satisfactory and not greatly different from that of children examined in other parts of the country. The girls on the whole were better than the boys and, though severe wintry weather made attendance at the rural schools of South Northumberland rather sparse at the time of the examinations, it was noted that the condition of these rural children compared very favourably with that of the children of the industrial centres. The report continues that it was of interest to see the difference in appearance of children in the various parts of the same district and to observe the fresher appearance of those resident in the less crowded and better ventilated sections of the district. Here, as elsewhere, it was demonstrable that adequate sleep, fresh air and physical exercise play an important part in the well being of the child, and that diet is by no means the only factor to require adjustment and supervision.

The statistics submitted regarding the percentages under the headings of Good, Fair and Poor were as follows :—

				Good. %	Fair. %	Poor. %
Boys.						
Combined Tyneside	...	...	...	90.5	8.5	1.0
Newcastle	...	...	...	89.1	9.5	1.4
Gateshead	...	...	...	90.0	9.7	0.3
Durham	...	...	...	91.0	7.5	1.2
Northumberland	...	...	...	96.9	3.1	—
Blyth	...	...	...	86.0	10.0	4.0
All other Districts	...	...	...	91.0	8.5	0.5
GIRLS.						
Combined Tyneside	...	...	...	91.4	8.0	0.6
Newcastle	...	...	...	91.7	7.8	0.5
Gateshead	...	...	...	88.9	10.3	0.8
Durham	...	...	...	92.5	7.0	0.5
Northumberland	...	...	...	94.8	4.2	1.0
Blyth	...	...	...	96.0	4.0	—
All other Districts	...	...	...	92.3	7.0	0.7

Special Investigation at Blyth.

It will be remembered that it was reported last year that the nutrition of Blyth was considered much below the standard of the rest of the County and the Medical Officers of the Ministry of Health examined 100 children from two schools which had been reported as being very bad.

Towards the end of the year a special investigation was carried out to ascertain if this disparity still existed ; 1,174 children were examined and a report submitted to the Education Committee ; a copy is appended.

BLYTH NUTRITIONAL SURVEY.

A Survey was made into the nutritional state of Blyth school children in November, 1947. It was carried out by Dr. Edna T. Everdell and Dr. William W. Burnett. The Deputy School Medical Officer also took part in the examinations.

The choice of schools was made to represent a fair cross section of the school population of Seniors, Juniors and Infants ; but in addition, the two Senior Schools from which reports showed subnormal nutrition were included. Altogether 577 boys and 597 girls were examined. Prior to the visit of the doctors the children were weighed and measured. This was done because the relation between weight and height is a

valuable but not exclusive indication of a child's nutrition. This relationship can be expressed by what is known as the Quetelet Factor which is the weight in pounds multiplied by 100 over the height in inches and can be taken roughly as follows :—

At the age of 5 it is 95 and goes up a little over 5 for every year of age, but the increase accelerates as the child gets older, thus :—

	$\text{Weight} \times 100$		
At 5 years of age	$\frac{\text{Height}}{\text{Height}}$	=	95
At 6 years of age	Do.	=	100
At 10 years of age	Do.	=	120
At 14 years of age	Do.	=	155

(These figures are slightly higher than those issued by the Board of Education in 1927.)

This is only one of the indications of a child's nutrition and the doctor naturally takes into consideration such things as lack of muscular tone, lack of nervous tone (i.e., lack of physical and mental vigour), anaemia, rickets, glandular enlargements, tonsils and adenoids, conditions of the teeth and gums and other mucous membranes. Of course, the outward condition of the body in regard to dermatitis, lack of soap and water, or the presence of vermin or pediculi, are also an indication of the child's general condition. The bright eye and cheerful expression cannot be discounted in one's estimation. If a boy or girl is able to skip blithely away from school at the end of the day it is an assurance that no gross defect in the general condition is present. The two inspecting Medical Officers had all these factors in mind when carrying out their examinations.

To test that the ascertainment was uniform, children from four of the schools were examined by two other doctors of experience who were not aware of the previous findings. This entailed submitting 144 boys and 106 girls to a further examination. The agreement between the two sets of results was remarkable, and ensures that the statistics of this report may be considered as fair records of the children examined.

In previous years all scholars seen at the periodic medical inspections have been classified according to nutrition in the following categories :—

A—Excellent.	C—Slightly sub-normal.
B—Normal.	D—Bad.

After January, 1947, the classification was altered by the Ministry of Education and instead of nutrition being determined it was general condition which was assessed and recorded as follows :—

A—Good.
B—Fair.
C—Poor.

It is upon the present basis of classification that the Survey was made at Blyth, but the Medical Inspectors were asked to indicate any child who would have been placed in Category D (if this category had still been in use), and three senior boys were noted to be in such condition.

Details of the findings at each school are recorded below :—

School.	No. of Children examined.	A.		B.		C.	
		No.	%	No.	%	No.	%
Bebside County Modern—							
Boys ...	81	29	35.8	48	59.25	4	4.94
Girls ...	77	45	58.4	30	39.0	2	2.6
	158	74	46.83	78	49.36	6	3.8
Forster County Modern—							
Boys ...	119	34	28.57	73	61.34	12	10.08
Girls ...	133	66	49.62	59	44.36	8	6.01
	252	100	39.68	132	52.38	20	7.93
Princess Louise Road C.M.—							
Boys ...	101	38	37.62	51	50.49	12	11.88
Girls ...	152	80	52.63	58	38.15	14	9.21
	253	118	46.64	109	43.08	26	10.27
Crofton Junior—							
Boys ...	157	74	47.13	69	43.94	14	8.92
Girls ...	153	67	43.79	74	48.36	12	7.84
	310	141	45.48	143	46.13	26	8.38
Morpeth Road Infants—							
Boys ...	87	29	33.33	55	63.22	3	3.45
Girls ...	57	23	40.35	30	52.63	4	7.01
	144	52	36.11	85	59.02	7	4.86
St. Wilfrid's Infants—							
Boys ...	32	15	46.87	15	46.87	2	6.25
Girls ...	25	8	32.00	16	64.00	1	4.00
	57	23	40.35	31	54.38	3	5.26
TOTALS :—							
Senior Schools—							
Boys ...	301	101	33.55	172	57.14	28	9.3
Girls ...	362	191	52.76	147	40.6	24	6.63
	663	292	44.04	319	48.11	52	7.84
Junior Schools—							
Boys ...	157	74	47.13	69	43.94	14	8.92
Girls ...	153	67	43.79	74	48.36	12	7.84
	310	141	45.48	143	46.13	26	8.38
Infant Schools—							
Boys ...	119	44	36.97	70	58.82	5	4.2
Girls ...	82	31	37.8	46	56.1	5	6.1
	201	75	37.31	116	57.71	10	4.97

The present survey showed that there was little difference between the Infant boys and girls or Junior boys and girls, but the slight balance was in favour of the boys. The findings in the case of the Modern Schools showed that the general condition of the Senior boys is not so good as that of the Senior girls, and this is exactly what was found when the Ministry of Health officers visited Blyth. Taking the total findings, they appear favourable with the rest of the County; indeed, the general condition of most of the Juniors and of the Senior girls is very good.

Dr. Edna T. Everdell, who was one of the officers carrying out the examinations, comments that, after examining 550 of the boys and girls between the ages of 5 and 14, she thought that the children as a whole were slightly below the standard of the Northumberland County scholars. She further writes :—

“ In my experience this slight inferiority may be expected in children living in a thickly populated area as compared with those in semi-rural areas. I found the inferiority to be equally distributed among the children at all ages. I certainly did not find children at the Modern Schools markedly inferior to infants as has been alleged.

“ Among all those examined I found only one whom I could have classified as “ D ” under former nutritional standards. I know this boy well. He has spent much time in hospital where he had numerous operations for bilateral talipes. He could not walk till he was six, and is also retarded mentally. Such a case might occur in any locality and is not due to lack of nourishment alone.”

Dr. William W. Burnett who examined the remaining children confirmed the opinion that the nutrition of the pupils he saw in Blyth varied very little from the average of those seen in other parts of the country where he had examined children. He also noted that, in the case of the sexes, there was little difference, but the girls above 7 years of age were slightly superior to the boys. He found no signs of gross undernourishment.

A comparison of this Survey with previous Surveys and Medical Inspections at Blyth will be of interest :—

	No. of Children Inspected.	A		B		C		D	
		No.	%	No.	%	No.	%	No.	%
1940	3,601	582	16.16	2,558	71.03	454	12.61	7	0.19
1941	1,106	185	16.72	843	76.22	78	7.05	—	—
1942	1,235	350	28.34	880	71.25	5	0.4	—	—
1943	349	135	38.68	136	38.96	68	19.48	10	2.86
1944	2,418	709	29.3	1,169	48.3	362	14.9	178	7.3
1945	1,919	592	30.85	869	45.28	259	13.49	199	10.37
1946	778	257	33.0	378	48.6	73	9.3	70	9.00
1947 (Survey under review)	1,174	508	43.27	578	49.23	*88	7.49	—	—

*Of these 88 children 3 would have been placed in Col. D if this had still been used.

The Assistant School Medical Officer at Blyth has been good enough to submit the basis on which he has previously assessed the nutrition of the Blyth school children whom he examined and it is found that the figures require a higher basic standard than those of the Ministry of Education. The younger children are dealt with kindly and the assessment is in their favour, but as the age increases the deviation is greater. For example, a normal boy of 14 years of age who is 5ft. 6in. in height would be expected by the Ministry to be not less than 103 lbs. in weight (from averages of a number of County boys of this age and height the weight was found to be 106 lbs.) ; but the Blyth Assistant School Medical Officer would expect him to be not less than 122 lbs. on the system of ascertainment that he uses. This shows that judgment toward Senior children is more severe than that used for Infant children

and will partly account for the returns made in 1945, revealing that the senior children were very much worse from a nutritional standpoint than infants coming from the same homes. It was not always easy to compare the present findings with the past ones used at Blyth as the categories A, B, C or D had not been invariably used. Unfortunately, the senior scholars who were assessed as having bad nutrition in 1944/1945 have left school so that it was not possible to examine them to make direct comparison.

It will be remembered that early in 1947 scholars in the Bebside and Forster County Modern Schools in Blyth were examined by Medical Officers from the Ministry of Health. They reached the general conclusions that :—

“ The sample of the Bebside boys examined was considerably below average in nutritional status and whilst that at Forster Modern was up to the average a number of boys who were assessed ‘ Good ’ were only just above the borderline. No specific nutritional deficiency was noted, but it seemed that an increase in body building foodstuffs was desirable in the diet particularly of the Bebside boys. On the other hand the condition of the girls generally at both schools was above the average.”

The present findings show that there has been a distinct improvement in the general condition of the boys at Bebside School.

CONCLUSION.

From a careful study of the figures shown by this investigation it appears that there is no evidence of severe undernourishment amongst the Blyth school children. There may have been some foundation for the adverse reports on nutrition in 1944 and 1945, but it is not thought that the nutritional state could have been as bad as was revealed by the findings of those years.

PROVISION OF MEALS.

The provision of meals for school children has improved upon the previous year, but there are still some schools without these facilities. However, plans are in hand whereby this deficit will be made good at as early a date as materials for building and the supply of utensils permit.

The Director of Education has been kind enough to furnish the following report on the School Meals Service :—

SCHOOL MEALS SERVICE.

Year Ending 31st December, 1947.

During the year 4,790,644 meals were served, an increase of 472,481 over the previous year's total. Meals are now being served in 251 schools, and the highest number of meals served on any one day during the year was 26,954.

The smallest number of meals served from a Kitchen daily is 17, the largest number is 2,300. Fifty Kitchens serve

less than 50 meals daily, these are Kitchens attached to the small rural schools.

The children at Windyhaugh Primary School, one of the most isolated schools in the County, are being served with an Oslo Breakfast type meal. The children at the Kidlandlee Primary School (three miles from a road) are to have a similar service.

Plans are ready for a Meals Service in every school in the County, but progress is very slow, due to the shortages of building materials, equipment and labour. Forty Kitchens are at present under construction, some of these are nearing completion, it is hoped that at least half this number will be in use by July, 1948. Of the remaining schools, it is hoped that it will be possible to start the building of Kitchens or Kitchens and Dining-rooms in the very near future.

The increased number of children in Secondary Modern Schools is causing another problem. Many of the Kitchens in these schools were planned originally for children travelling long distances. Because of the increase in numbers it has been found necessary, during the year, to limit the number of meals the Kitchens produce in order to maintain the standard in the quality of the food. This had made the use of a rota system necessary in many of the Modern Schools, and this system will have to continue until the new Kitchens and Dining-rooms, which have been planned and are going forward, have been built.

Plans are in hand and will go forward as soon as circumstances allow for the building of Kitchens and Dining-rooms for 56 schools now served by Cooking Depots. These Cooking Depots were established in the first place by the Ministry of Food for emergency use only, and have been in continual daily use for several years.

As in other years, the shortage of fresh vegetables, especially in the rural areas, between January and June has been a problem. This year the problem was made more acute by the severe weather.

The children show no general marked prejudices to different foods, although there are some small differences between schools and districts. The favourite dish in one school may be least liked in another.

The School Meals Service grows slowly. More schools are included, the number of children taking meals increases, 80

to 100% of the children in each school take advantage of the meal.

Arrangements for dining in some schools is far from ideal, this can and will be improved.

The Kitchen staffs show a keen interest in the whole scheme and do more than cook and serve meals. Their genuine desire to take a share in the life of the school and to carry on in spite of difficulties, especially those working in remote areas, is most commendable.

It is in no small measure due to the sympathetic co-operation and good-will of the teaching staff that the service, so wide-spread in extent, functions so comparatively smoothly and with, it may be claimed, definite benefits to the material well-being of the children.

MISCELLANEOUS.

In addition to the work already reported, the School Medical Staff carry out many special examinations. They also attend Child Welfare Centres on behalf of the Maternity and Child Welfare Sub-Committee. This latter function is an advantage in that it gives the doctors greater experience in child health and enables them to have a better knowledge of the children in the district where they attend the Clinics.

During the year the following examinations were carried out for the purposes of the Children and Young Persons Acts :—

One girl and two boys were examined prior to admission to Approved Schools.

Three girls and four boys were committed to the Education Committee as a "fit person."

Twenty girls and three boys were examined as to their fitness for taking part in entertainments.

Two boys were examined prior to their acceptance for scholarships in Sea Training Schools.

As in previous years, the Officers of the National Society for the Prevention of Cruelty to Children have rendered considerable assistance. They are often able to persuade recalcitrant parents to carry out the treatment which has been recommended, as a visit from the N.S.P.C.C. Officer has a salutary effect. By the good offices of these Inspectors, it has not been necessary for any parents to be prosecuted

for neglect of their children, and tribute is paid to them for the tactful way in which they carry out their often unpleasant duties.

School medical inspection is a necessary and integral part of school life, but the visit from the School Doctor and Nurse could easily upset the routine of the school day, and it is to the credit of the head teachers and their staffs that this seldom happens. Their co-operation in carrying out the health provisions of the Education Acts is much appreciated.

PHYSICAL EDUCATION.

Physical Education is of importance in the health of the school child as the alertness which it engenders in posture and carriage is reflected in the general well being of the pupil. The happy co-operation existing between those responsible for Physical Training and the Medical Staff continued to mutual advantage.

The following reports, which record something of this aspect of Physical Education in 1947, were prepared by the County Organisers :—

REPORT ON PHYSICAL EDUCATION.

January to December, 1947.

GIRLS.

On the whole, the physical education in the schools (infants, mixed, junior, rural, Secondary Modern and Grammar girls) shows a gratifying progression in all fields of the work, through extended and more comprehensive schemes of training. These latter will always be limited in those schools which cannot employ a specialist. Head Teachers are now fully cognisant of the benefits to be derived from a daily period of exercise, although, as yet, the Secondary School curriculum does not permit of this. Concern is felt that, owing to the lack of three-year trained specialists, recent appointments in these schools, particularly the Grammar, have been made from the ranks of two-year trained women, whose knowledge of remedial work is nil.

Concern is felt also at the poor hygienic facilities offered in many schools, rural in particular. Very old, splintered floors, traps for dust, curtail much valuable footwork training in the winter months, when a great deal of work must, perforce, be done indoors. There is great scope for bare

foot work and it is pleasing to note the number of rural schools which, in this manner, surmount in summer the difficulty of lack of suitable footwear. It is not advocated that the whole lesson should be taken bare-foot, as strenuous agilities and athletic training demand a suitable shoe. Discussions and talks with Parent-Teachers' Associations have led to somewhat greater efforts to provide suitable footwear and clothing for the daily lesson. It is interesting to note that infant sizes of sandshoes are now two sizes larger than at the corresponding age five years ago.

It is gratifying to report a steady increase in the number of playing fields acquired this year, and the imminent appointment of area groundsmen for their upkeep.

Full use is being made of swimming bath facilities in Ashington and Wallsend. Sea swimming in Berwick is, as yet, done on a small scale and it is hoped to introduce this in the Newbiggin schools next year. Special attention is paid to personal hygiene preceding entry into the bath.

Teachers' courses have included games, athletics, daily exercises, fourth year agilities in Secondary Schools, and tennis, in Berwick, Gosforth, Morpeth, Wallsend, Monk-seaton, Hexham and Throckley. Inter area rallies in rounders, netball, hockey and athletics continue on a healthy footing, and the social aspect of these rallies cannot be overstressed. It is hoped in the near future to include cross-country running in the general scheme, on brilliant days when fields are unplayable.

Camping is, as yet, for the enthusiastic few, though it is hoped, in the near future, to provide equipment for free loan to schools.

It is hoped, next year, in co-operation with the Medical Department, to run a short course in remedials, thus enabling the class teacher to develop a more critical eye for possible postural defects.

There is more to be done yet in inculcating a love of exercise, be it games, dancing, athletics, swimming, etc., in the mind of the school-leaver. The new teaching approach, now being widely applied in schools, should go far to establish this desire to explore further those avenues of exercises opened in school.

Boys.

The standard of work in the boys' classes has shown a slow but steady improvement. The staffing has much improved during the past year and the influx of younger blood in the persons of emergency-trained teachers has given a new impetus to the work. A good many of these took Physical Education as a special subject in their College Course and these, in particular, are doing well. Three students have attended special three-months' courses in addition to their College training and have considerably benefited from this experience. All are invariably enthusiastic and any faults due to inexperience may be forgiven because of the zeal shown towards the physical well-being of the child.

One noticeable feature of the work during the year has been the apparent willingness of the boys to strip and change for the Physical Training lesson. This, it is felt, is due to the example of the teachers themselves. The distaste for showers after the lesson is also gradually being overcome and a more consistent use is being made of them.

The provision of shorts and vests by the Committee has been very welcome and good use is being made of the limited numbers available. These have largely been distributed to the Secondary Modern Schools, where facilities exist for their utmost use.

Courses in a variety of subjects have been held to give a broader understanding of the work. A six-weeks' sessional course in swimming was held at Bothal Modern School for teachers responsible for the teaching of swimming in the Ashington area. Approximately 500 children went to the baths at Ashington and it is estimated that about 70% of these learnt to swim under the direction of their teachers.

Courses in football instruction were organised in Guide Post, Hexham and Gosforth. The Instructor was Mr. Chris. O'Neill, the F.A. Coach for Northumberland and Durham. The keen interest shown was obvious from the numbers of teachers who were present at each course. It is felt that these will have a really beneficial effect on the standard of boys' games in Northumberland.

Boxing has again been popular in the Secondary Modern and Grammar Schools and a number of the emergency-trained teachers had experience of boxing training in their service careers and this is now standing them in good stead.

Some interesting matches have been arranged. One inter-Grammar School match was arranged—Whitley Bay versus Hexham, and proved a great success, and I am sure that it will now be an annual event. More schools hope to take up this valuable aspect of Physical Education for Boys in the coming year.

Courses in athletics and games training for Youth Leaders were organised and took place at two week-ends at Whitley Bay Secondary School. Some twenty youths from various parts of Northumberland attended these courses and I am sure that most of these returned with the hope of coaching their own Clubs in the coming season.

Twenty-two male teachers attended the Easter Vacation Courses at Whitley Bay and had the opportunity of doing some new aspects of the work.

In general, it is felt that the outlook is broader and that more interest is being taken in the wider aspect of Physical Education.

MEDICAL INSPECTION RETURNS.

YEAR ENDED 31ST DECEMBER, 1947.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	4,301
Second Age Group	4,639
Third Age Group	2,199
	<hr/>
Total	11,139
Number of other Periodic Inspections	771
	<hr/>
Grand Total	11,910
	<hr/>

B.—OTHER INSPECTIONS.

Number of Special Inspections	12,060
Number of Re-Inspections	8,344
	<hr/>
Total	20,404
	<hr/>

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	50	547	545
Second Age Group ...	385	491	781
Third Age Group ...	142	246	352
Total (prescribed Groups) ...	577	1,284	1,678
Other Periodic Inspections	46	123	140
GRAND TOTAL	623	1,407	1,818

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1947.

Defect Code No.	Defect or Disease. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring treatment. (2)	Requiring to be kept under observation, but not requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation, but not requiring treatment. (5)
4	Skin	172	79	170	39
5	Eyes—				
	(a) Vision	623	553	585	194
	(b) Squint	111	207	120	30
	(c) Other	65	59	32	14
6	Ears—				
	(a) Hearing	34	46	38	32
	(b) Otitis Media ...	46	56	30	21
	(c) Other	18	9	1	1
7	Nose or Throat ...	358	914	416	190
8	Speech	35	68	41	23
9	Cervical Glands ...	7	101	10	31
10	Heart and Circulation ...	80	248	25	41
11	Lungs	107	192	32	49
12	Developmental—				
	(a) Hernia	20	24	5	2
	(b) Other	12	65	7	16
13	Orthopaedic—				
	(a) Posture	46	65	13	4
	(b) Flat Foot	142	58	35	22
	(c) Other	96	93	34	34
14	Nervous System—				
	(a) Epilepsy	7	11	4	10
	(b) Other	12	21	7	13
15	Psychological—				
	(a) Development ...	4	55	12	84
	(b) Stability	2	13	11	8
16	Other	130	266	107	175

B.—CLASSIFICATION OF THE GENERAL CONDITION OF
PUPILS INSPECTED DURING THE YEAR IN THE AGE
GROUPS.

Age Groups. (1)	No. of Pupils Inspected. (2)	A (Good).		B (Fair).		C (Poor).	
		No. (3)	% of Col. 2. (4)	No. (5)	% of Col. 2. (6)	No. (7)	% of Col. 2. (8)
Entrants'	4,301	2,213	51.4	1,969	45.8	119	2.8
Second Age Group ...	4,639	2,242	48.3	2,256	48.6	141	3.0
Third Age Group	2,199	1,406	63.9	731	33.2	62	2.8
Other Periodic Inspections...	771	400	51.8	359	46.6	12	1.5
Total	11,910	6,261	52.6	5,315	44.6	334	2.8

TABLE III.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness,
for which see Table V).

(a) Skin :—						No. of Defects treated, or under treatment during the year.
Ringworm—Scalp—						
(i) X-Ray treatment ... ..	...	...	...	...	...	6
(ii) Other treatment ... ..	...	...	...	...	...	78
Ringworm—Body ... ..	...	...	...	...	...	36
Scabies ... ..	...	...	...	...	...	189
Impetigo ... ..	...	...	...	...	...	304
Other skin diseases ... ..	...	...	...	...	...	137
Eye disease ... ..	...	...	...	...	...	154
Ear defects ... ..	...	...	...	...	...	169
Miscellaneous (e.g., minor injuries, bruises, sores, chil- blains, etc.) ... ..	...	...	...	...	...	1,701
Total						2,774
(b) Total number of attendances at Authority's Minor Ailments Clinics ... ..	...	...	...	...	...	9,387

GROUP II.—DEFECTIVE VISION AND SQUINT
(excluding Eye Disease treated as Minor Ailments—Group I).

	No. of defects dealt with.
Errors of refraction (including squint)	2,074
Other defect or disease of the eyes (excluding those recorded in Group I)	117
Total	<u>2,191</u>
Number of pupils for whom spectacles were :—	
(a) Prescribed	1,428
(b) Obtained	1,375

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Total No. treated.
Received operative treatment :—	
(a) For adenoids and chronic tonsillitis	682
(b) For other nose and throat conditions	49
Received other forms of treatment	103
Total	<u>834</u>

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals or hos- pital schools	177
(b) Number treated otherwise, e.g., in clinics or out- patient departments	793

GROUP V.—CHILD GUIDANCE TREATMENT AND
SPEECH THERAPY.

Number of pupils treated :—	
(a) Under Child Guidance arrangements	10
(b) Under Speech Therapy arrangements	51

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) Periodic age groups	27,198
(b) Specials	1,213
(c) Total (Periodic and Specials)	<u>28,411</u>
(2) Number found to require treatment	18,798
(3) Number actually treated	15,522
(4) Attendances made by pupils for treatment	25,618
(5) Half-days devoted to :—	
(a) Inspection	326
(b) Treatment	4,071
Total (a) and (b)	<u>4,397</u>

(6) Fillings :—							
Permanent teeth	...	...	...	...	...	...	10,760
Temporary teeth	...	...	...	...	...	...	936
							<hr/>
	Total	...	...	...	...	...	11,696
							<hr/>
(7) Extractions :—							
Permanent teeth	...	...	...	...	...	...	2,807
Temporary teeth	...	...	...	...	...	...	18,589
							<hr/>
	Total	...	...	...	...	...	21,396
							<hr/>
(8) Administration of general anaesthetics for extraction	...						1,185
(9) Other operations :—							
(a) Permanent teeth	...	...	...	...	...	...	6,971
(b) Temporary teeth	...	...	...	...	...	...	2,597
							<hr/>
	Total (a) and (b)	...					9,568
							<hr/>

TABLE V.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	...	...	...	...	...	...	107,562
(ii) Total number of individual pupils found to be infested	...						3,792
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	...	...	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	...	...	—

MEDICAL INSPECTION RETURNS.

YEAR ENDED 31ST DECEMBER, 1947.

WALLSEND DIVISIONAL EXECUTIVE.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of inspections in the prescribed Groups :—

Entrants	...	...	...	...	...	...	466
Second Age Group	...	...	...	...	...	...	361
Third Age Group	...	...	...	...	...	...	141
							<hr/>
	Total	...	...	...	...	...	968
							<hr/>
Number of other periodic inspections	...	...	...	...	...	...	520
							<hr/>
	Grand Total	...					1,488
							<hr/>

B.—OTHER INSPECTIONS.

Number of special inspections	...	...	...	...	26
Number of re-inspections	...	...	...	...	37
Total	...	...	...	...	63

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	5	98	103
Second Age Group ...	34	56	87
Third Age Group ...	15	23	38
Total (prescribed Groups) ...	54	177	228
Other Periodic Inspections	30	90	118
Grand Total ...	84	267	346

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1947.

Defect Code No.	Defect or Disease. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring treatment. (2)	Requiring to be kept under observation, but not requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation, but not requiring treatment. (5)
4	Skin	18	9	1	—
5	Eyes—				
	(a) Vision	84	33	1	1
	(b) Squint	14	9	1	—
	(c) Other	12	8	—	—
6	Ears—				
	(a) Hearing	5	5	1	—
	(b) Otitis Media	4	12	—	1
	(c) Other	3	13	—	—
7	Nose or Throat	91	137	—	—
8	Speech	9	9	—	—
9	Cervical Glands	6	11	—	—
10	Heart and Circulation	8	37	1	5
11	Lungs	4	37	1	—
12	Developmental—				
	(a) Hernia	5	2	—	—
	(b) Other	3	13	—	—
13	Orthopaedic—				
	(a) Posture	11	24	1	—
	(b) Flat Foot	14	14	—	—
	(c) Other	24	28	—	2
14	Nervous System—				
	(a) Epilepsy	—	3	—	—
	(b) Other	1	8	—	—
15	Psychological—				
	(a) Development	—	8	—	2
	(b) Stability	4	12	—	—
16	Other	42	83	1	3

B.—CLASSIFICATION OF THE GENERAL CONDITION OF
PUPILS INSPECTED DURING THE YEAR IN THE AGE
GROUPS.

Age Groups. (1)	No. of Pupils Inspected. (2)	A (Good). No. (3) % of Col. 2. (4)		B (Fair). No. (5) % of Col. 2. (6)		C (Poor). No. (7) % of Col. 2. (8)	
		No. (3)	% of Col. 2. (4)	No. (5)	% of Col. 2. (6)	No. (7)	% of Col. 2. (8)
Entrants	466	147	31.54	271	58.16	48	10.30
Second Age Group ...	361	113	31.30	210	58.17	38	10.53
Third Age Group ...	141	78	55.32	58	41.13	5	3.55
Other Periodic Inspection...	520	179	34.42	303	58.27	38	7.31
Total	1,488	517	34.74	842	56.59	129	8.67

TABLE III.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness,
for which see Table V).

						No. of Defects treated, or under treatment during the year.
(a) Skin :—						
Ringworm—Scalp—						
(i) X-Ray treatment	...	...	...	...	...	1
(ii) Other treatment	...	...	...	...	...	22
Ringworm—Body	...	...	...	...	...	18
Scabies ... ..	...	...	...	...	...	60
Impetigo ... ..	...	...	...	...	...	77
Other skin diseases	...	...	...	...	...	50
Eye disease ... ..	...	...	...	...	...	40
Ear Defects ... ..	...	...	...	...	...	63
Miscellaneous (e.g., minor injuries, bruises, sores, chil- blains, etc.) ... ..	...	...	...	...	...	400
Total						731
(b) Total number of attendances at Authority's Minor Ailments Clinics						4,513

GROUP II.—DEFECTIVE VISION AND SQUINT
(excluding Eye Disease treated as Minor Ailments—Group I).

	No. of defects dealt with.
Errors of refraction (including squint)	108
Other defect or disease of the eyes (excluding those recorded in Group I)	2
Total	<u>110</u>
Number of pupils for whom spectacles were :—	
(a) Prescribed	93
(b) Obtained	93

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND
THROAT.

	Total No. treated.
Received operative treatment :—	
(a) For adenoids and chronic tonsillitis	177
(b) For other nose and throat conditions	2
Received other forms of treatment	27
Total	<u>206</u>

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals or hospital schools	3
(b) Number treated otherwise, e.g., in clinics or out- patient departments	64

GROUP V.—CHILD GUIDANCE TREATMENT AND
SPEECH THERAPY.

Number of pupils treated :—	
(a) Under Child Guidance arrangements	2
(b) Under Speech Therapy arrangements	12

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers :—							
(a) Periodic age groups	...	...	...	...	...	...	1,619
(b) Specials	...	...	...	...	...	...	581
(c) Total (Periodic and Specials)	...	...	...	...	...	...	2,200
(2) Number found to require treatment	...	...	...	...	...	...	1,698
(3) Number actually treated	...	...	...	...	...	...	1,346
(4) Attendances made by pupils for treatment	...	...	...	...	...	...	1,625
(5) Half-days devoted to :—							
(a) Inspection	...	...	...	...	...	...	77
(b) Treatment	...	...	...	...	...	...	180
Total (a) and (b)	...	...	...	...	...	...	257
(6) Fillings :—							
Permanent teeth	...	...	...	...	...	...	376
Temporary teeth	...	...	...	...	...	...	49
Total	...	...	...	...	...	...	425
(7) Extractions :—							
Permanent teeth	...	...	...	...	...	...	561
Temporary teeth	...	...	...	...	...	...	2,048
Total	...	...	...	...	...	...	2,609
(8) Administration of general anaesthetics for extraction	...	...	...	...	...	...	316
(9) Other operations :—							
(a) Permanent teeth	...	...	...	...	...	...	199
(b) Temporary teeth	...	...	...	...	...	...	505
Total (a) and (b)	...	...	...	...	...	...	704

TABLE V.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	...	...	...	...	...	...	11,980
(ii) Total number of individual pupils found to be infested	...	...	...	...	...	...	1,249
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	...	...	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	...	...	—

